

March 19, 2012

**MT Legislature--Child, Family, Health & Human Services Interim Committee**  
**RE: SJ30 Childhood Trauma Study: Practitioners Recommendations for Legislative Action**

Senator Jason Priest, Chairman:

Taking on Childhood Trauma is an enormous issue and it is difficult to know where to start. In order to impact a large issue that is comprised of multiple system issues; we must take a multiple determined solutions that cross the many systems impacted by trauma. Intermountain would like to recommend several ideas that would begin to impact childhood trauma.

**PREVENTATIVE/MITIGATION**

Intermountain strongly believes that we have to ***understand that there have not been short-term answers that have produced long-term changes for children and families. We are dealing with long-term needs that defy short-term solutions and interventions.*** It pays to invest early and also understand that you can't just find a short term solution to many of the issues. If you are to invest dollars towards the issue of childhood trauma, this would be the wisest place to invest. Based on brain development, early intervention is where we can have the greatest impact and mitigate trauma from occurring.

**Fund Early Intervention**

- Provide funding for In Home Family Based Services for families reported for abuse/neglect but deemed the child is safe to stay. Just because the child wasn't removed doesn't mean there isn't an experience of patterned repeated exposure to trauma. These are often your repeat offenders that receive repeated reports of abuse, but what is occurring in the home doesn't fit the definition of abuse or pose a great enough safety risk for removal or to be added to CFS caseload. This could include a mix of Medicaid Funding (for those who qualify) and General Fund dollars for those that don't qualify for Medicaid. These are the children and families we see later in the mental health system or in schools. These children also are a greater risk to become part of the corrections system as adults.
- Expand funding for programs similar to Florence Crittenton's parenting program with mothers that begins prenatally. This could be a pilot project to demonstrate outcomes and prove savings to the system.

**Make Childhood Trauma THE Public Health Issue (Similar to smoking and Drunk Driving)**

- **Continue funding to support MT including Adverse Childhood Experiences on the Behavioral Risk Factor Surveillance System (BRFSS).** Use the data and outcomes from this study to inform future legislative decisions. This information can also be used to create public awareness regarding childhood trauma. Similar to awareness regarding childhood obesity, childhood trauma should garner the same attention in the coming years with the help of the legislature.



**intermountain**

*restoring hope for children*

- **Create awareness campaigns and education programs** for the many stakeholders impacted: Legal system--Judges, Lawyers, CASA Advocates, Guardian Ad Litem; Law Enforcement--Police, Sherriff; Corrections--Juvenile Probation/Parole; Day Care Providers; Educators; Medical Doctors and Nurses.

## SYSTEM CHANGE

It is Intermountain's opinion that this is an area the committee needs to look more closely and dig a little deeper. As you heard from Dr. Kohlstaedt's testimony yesterday, the child care system can itself be a source of trauma for the child. Based on the testimony yesterday regarding data from the Child and Family Services; I believe that you have only begun to see the tip of the iceberg. I strongly urge the committee to look more closely at CFS and seek more data and probe for answers that convey a more accurate story of trauma in Montana. Questions that came to mind for me after testimony yesterday and may be a place to start looking deeper:

- Of the adoptions the department finalized, how many of these children continue to be placed in this adoptive family? How many result in adoption disruption and breakdown.
- The Department data shows that as there has been a decrease in children placed in foster care; there has also been a consistent rise in kinship placements almost equally. Is the Department using kinship as a strategy to decrease foster care placement? If so, then what is the Department doing to support and assure permanency for these children in these placements? How many of these kinship placements disrupt and end up have the child move again?
- How well is the Centralized Intake System working? How do local levels offices and communities feel this system works regarding protection of children?
- Numbers of children in foster care only tells a single story. How many foster care placements do children have? How many moves have kids in the system have?
- Of the children place back in birth families homes, what kinds of supportive services are provided to these families to help them continue to parent safely after the child is placed back home?
- How may of the children placed back with a birth parent end up being investigated again and how many are removed after previous investigations or removals?

I urge the committee to look at the most critical role in our child protection system. In the field social workers are our most important front line defense regarding children who are abused and neglected. How well they are trained and supported is critical to the safety of Montana's children. Tracking social worker retention and turnover rates would be important to understand and why do social workers leave their jobs. What is the current and trends in vacancy savings for the direct care social workers? Why do we allow CPS positions to be used for vacancy savings; this should be prohibited. Knowing this information would help with understanding what can be done to improve.

- Review the training that social workers receive and if it is effective. Many of these people are in remote locations, we need to understand how to better provide supervision and support for these roles.
- Look into the ways that we can acknowledge and support social workers regarding secondary trauma they may experience. Doing this would increase longevity and effectiveness of those in this role.





**intermountain**  
*restoring hope for children*

- I also would recommend that you take a look at legislatively **creating an exemption to vacancy savings for direct care social workers**. This is such a critical role that to have vacancy creates extreme problems for local communities. This has been a problem in many areas of the state and they often go without a social worker in an office for several months. This adds to the case load of others in the office and creates burnout faster. In Montana, we have vacancy savings exemption for Game Wardens and Prison Guards. I think direct care Social Workers is as critical of a role and should be included in this.
- **Create better integration between multiple agencies dealing with traumatized children.** Because traumatized children often require multi-agency dollars I would also urge the committee to delve into how we can improve agencies collaboration and integration. Children who have been traumatized often tap funds from Child and Family Services, Children's Mental Health, Bureau of Indian Affairs, Education, and Corrections/Judicial. I believe that there can be great improvement in how these agencies work together. There is great potential for creative solutions and funding that could come from different agencies.
- **Create an ongoing, TRANSPARENT Child Fatality Review Commission** process similar to MT Domestic Violence Fatality Review Commission. This commission was funded by SAMSA grant and potentially could be available to fund a similar commission for child fatalities. DVD overview of MT Domestic Violence Fatality Review Commission included for your review.
- **Better oversight of DPHHS/Child & Family Services.** I believe that there are many improvements set in place recently at CFS, but after working in the system for 20 years, I don't have faith that this will be enough. I believe that this committee could establish better oversight and understanding of this department. I would recommend that CFS seek to be accredited nationally. Doing so assure the Department functions by best practices and meet high standards. Being accredited would also be an easy way to communicate the Department's functioning to this committee. Child and Welfare of America has recommendations regarding accreditation and the Council on Accreditation is an organization many other state's Child and Family Services Department have chosen to be accredited by.
- **Fund a pilot project to look at the possibility to privatize the recruitment and training for foster, adoption, and kinship families.** Many states have moved to privatize the recruitment, licensing, and training of foster and adoptive families. I would also encourage Montana to take this one step further and include kinship families in this training. If Montana plans to use kinship placement more and more as a way to keep kids out of the foster care system, then we need to look as the support and training those families receive in order to achieve permanency.





**intermountain**  
*restoring hope for children*

## TREATMENT

- **Create initiatives for DPHHS to work towards supporting Trauma Informed Care.** There has been great information presented regarding this and it is clearly a direction the state needs to move towards. We have great innovations regarding many of the providers and in areas such as the National Native Children's Trauma Center. Use what is know already by these people and implement across the state.
- **Create Transparency and accountability for the entire system.** There is a push to look at reducing the Medicaid caseload or reduce Medicaid. Based on the discussion we have had over the past two days, this is short sighted. We have talked about how there aren't short term solutions for long term issues. If you have learned anything about the consequences of trauma, our hope is that if you don't invest early, you will pay later in many different budgets. If you continue to choose to focus on a system that focuses on "failure up" or "symptom abatement", then you will continue to see Medicaid for mental health costs continue to rise. If there is one thing that 20 years of working in this field has taught me, is that dysfunction always wins. The result of trauma will cost us all money whether we choose to address it or not--it is merely cost shifting. If you reduce Medicaid for mental health, then the result of trauma will present more in Education or Corrections. But, we agree in the need to get a hold on how the money is being spent. Basically, the worst dollar spent is the dollar spent without an outcome. We urge you to continue to look at outcomes for providers and the possibility of performance based contracting. Additionally, find ways to make all departments of DPHHS more transparent with data and require outcomes for their performance also.

You can't solve the problem with the same level of thinking that created the problem in the first place. I believe that this study on childhood trauma will create the foundation to completely change how we prevent and treat trauma. It will require innovation and creativity from us all to find new paradigms that will change lives. I commend the committee for taking steps in the right direction regarding childhood trauma. I appreciate your focus on this topic and look forward to what we together can create for children and families of Montana.

Lora Cowee, Director of Special Projects  
Intermountain  
500 S. Lamborn  
Helena, MT 59601  
lorac@intermountain.org

